



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH
ANDREW JOHNSON TOWER, 11th FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675

BILL HASLAM
GOVERNOR

E. DOUGLAS VARNEY
COMMISSIONER

TENNESSEE CERTIFIED PEER SPECIALIST ETHICS COMPLAINT FORM

This form is to be used to file an ethics complaint against a Tennessee Certified Peer Specialist (TCPS). Including your name, address and phone number is optional; it is necessary, however, if you wish to be notified regarding the progress of this complaint. After you have the form completed and notarized, send it to: Tennessee Certified Peer Specialist Ethics Complaints, Department of Mental Health, 11th floor, 710 James Robertson Parkway, Nashville, TN 37243. Fax: 615-253-3920. If you have any questions, call 800-560-5767.

COMPLAINANT:

Your Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

Email _____

ALLEGED VIOLATOR (TENNESSEE CERTIFIED PEER SPECIALIST):

Name of TCPS _____

Employer _____

Position and Title _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

Email _____

Briefly describe the conduct or behavior that is the basis for your complaint. Please include the dates the conduct occurred and any other pertinent facts. Please provide as much detail as possible. Add additional pages if necessary.

List any other persons who might have information pertinent to your complaint:

Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

Email _____

Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

Email _____

By my signature below I attest to the following:

- ☐ I understand that, pursuant to T.C.A. §3-6-208, submitting a complaint containing false information, or submitting a complaint in reckless disregard of the truth or falsity of the information contained therein, constitutes a Class 2 Offense which may subject me to civil penalties in an amount up to ten thousand dollars (\$10,000) and may additionally subject me to liability for the reasonable costs and attorney fees of the falsely accused;
- ☐ The information contained in this complaint, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief.

Signature of Complainant _____ Date _____

Sworn to and subscribed before me this _____ day of _____ in _____ county,
Tennessee:

Affix Notary Seal Here

Signature of Notary

Notary Registration No.